(See DD Form 2005 for Privacy Act Statement)

MEDICAL RECORD -- SUPPLEMENTAL MEDICAL DATA

For use of this form, see AR 40-400; the proponent agency is the Office of the Surgeon General.

REPORT TITLE

MUSCULOSKELETAL PAIN DIAGRAM

(Addendum to MEDDAC (Ft Meade) OP 336)

OTSG APPROVED *(Date)*

1. Age	2. Gender ☐ Male ☐ Female	3. Occupation

4. What athletic hobbies and sports are you active in?

CURRENT SYMPTOMS

5. Where are you currently having symptoms?

6. How did your pain start?
☐ Gradually ☐ Suddenly ☐ Injury Explain:

7. Have you ever had this problem before?
☐ Yes ☐ No If "Yes", when?

8. What aggravates your pain? *(Select all that apply.)*
☐ Sitting ☐ Rising from a sitting position ☐ Standing ☐ Lying down ☐ Overhead activity ☐ Lifting ☐ Bending ☐ Pushups
☐ Situps ☐ Walking ☐ Running ☐ Stairs ☐ Squatting ☐ Kneeling ☐ Jumping/side straddle hop ☐ Dressing ☐ Cough/sneeze
☐ When upset ☐ Other:

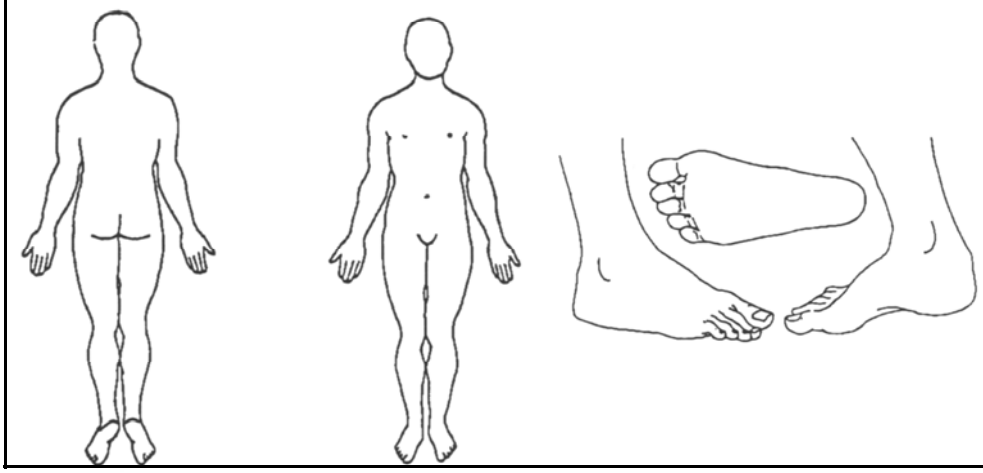
9. What eases your pain? *(Select all that apply.)*
☐ Ice ☐ Heat ☐ Rest ☐ Elevation ☐ Changing position ☐ Other:

10. Pain scale *(Please rate your pain on the scale below.)*

0	1	2	3	4	5	6	7	8	9	10
No pain										Worst imaginable

11. Pain diagrams *(Using the symbols shown below for the various types of pain and the two diagrams, please indicate the type(s) and location(s) of your pain (primary and other). When drawing in the symbols, use as many of one type of symbol as you deem necessary.)*

Ache	Burning	Numbness	Pins and needles	Throbbing	Other/general pain
^ ^ ^	= = =	o o o	. . .	/ / /	x x x



12. My goal for therapy is:

(Continue on reverse)

PREPARED BY *(Signature & Title)*	DEPARTMENT/SERVICE/CLINIC	DATE

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name--last, first, middle; grade; date; hospital or medical facility)*

☐ HISTORY/PHYSICAL
☐ FLOW CHART
☐ OTHER EXAMINATION OR EVALUATION
☒ OTHER *(Specify)* Patient self-assessment
☐ DIAGNOSTIC STUDIES
☐ TREATMENT